ARIZONA DEPARTMENT OF WATER RESOURCES WATER MANAGEMENT DIVISION

3550 North Central Avenue, Phoenix, Arizona 85012 Phone (602) 771-8585 Fax (602) 771-8688

NEW WELL CONSTRUCTION SUPPLEMENT (form DWR 55-90)

1. Well Location: 2. Position Location of the Well: Latitude ____ ° __ ' __ Longitude ____ ° __ ' __ " 3. County 4. 5. Is pump equipment to be installed? If so, design pump capacity: GPM. 6. 7. Well construction plan: a. Drilling method (mud rotary, hollow-stem auger, etc.)_______. b. Borehole diameters _____ inches from _____ feet to ____ feet. _____ inches from _____ feet to _____ feet. c. Casing materials_____ d. Method of well development (bail, air lift, surge, etc.)______. Will surface or conductor casing extend above grade? Include a detailed construction diagram of the proposed well design. The diagram should verify consistency with minimum construction requirements specified in the Department's well 8. construction rules found in Arizona Administrative Code (A.A.C.) R12-15-801 et. seq. Specifically, the diagram should include borehole diameters; casing materials and diameters; perforation intervals; the expected water level; depth and thickness of the surface seal; proposed grouting materials; and the length that the surface or conductor casing will extend above grade, or vault details, if specified. 9. Proposed materials and method of abandonment if well is to be abandoned after project is completed (Minimum requirements per A.A.C. R12-15-816):

10.	Is the proposed wellsite within 100 feet of a septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous material, or petroleum storage area or tank?YesNo			
11.	Is this well to monitor existing	contamination?Yes	No	
	Potential contamination?	YesNo If yes, ple	ease provide explanatio	on:
12.	Will the proposed well be a replaced A.A.C. R12-15-840)? A replaced well that it is replacing, and well groundwater than historical an	nent well is one located no which is not expected to	o more than 660 feet fro withdraw on an annua	m the origina al basis more
	If yes then indicate the following: (a) Record the registration number for the well that will be replaced: 55			
	If Other, please explain):		·
13.	Name of Consulting firm, if any :			
	Address	City	State	Zip
	Contact Person:		Telephone Number	
14.	Drilling firm			
	DWR License Number: ROC License Category:			
15.	Special construction standards, if any, required pursuant to A.A.C. R12-15-821:			
I (wo	e),(print name)	hereby swear that all application is tru knowledge and b	information provided i e and correct to the be elief.	n this st of my/our
Sig	nature of Applicant		Date	